

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
FC	OR .	1	NUMBE	R FILED		NUMBER	EXTRA	lſ	RATE	FEE		RATE	FEE
ВА	SIC FEE	***			* . * . * . * . * . * . * . * . * . * .	4.00 g 4 s 6.00 g 4 s 8.00 g 5 c 5 c 5 c 5 c				380.00	OR		760.00
TOTAL CLAIMS			g minus 20=			*			X\$ 9=		OR	X\$18=	
INE	EPENDENT CL	AIMS		minus	3 =	*			X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTAL		OR	TOTAL	7.60
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL ENTITY OR			OTHER THAN SMALL ENTITY	
AMENDMENT A	\mathcal{H}	CLAI REMAI AFT AMEND	NING ER		PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	<u>* 7</u>		Minus	**	20	=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	* /	OF M	Minus	***	3 VENIT CLAIM	=		X39=		OR	X78=_	/
ěş.	TINOT FRESE	INTATION	OF WIL	JETIPLE DEF	END	CLAIN		, L	+130=		OR	+260=	
•								A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Colur				olumn 2)	(Column 3)	· _	•		_		
AMENDMENT B		CLAI REMAI AFT AMEND	NING ER		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	OF M	Minus	***		=		X39=	·	OR	X78=	
	FIRST PRESE	NIAHON	I OF MI	JETIPLE DEF	END	ENT CLAIM			+130=	·	OR	+260=	
		,						A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	,	(Colun				olumn 2)	(Column 3)						
AMENDMENT C		CLAI REMAI AFTI AMEND	NING ER		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***		=		X39=		ł	X78=	
	FIRST PRESE	NTATION	OF ML	ILTIPLE DEP	END	ENT CLAIM		 -			OR		
*	f the entry in colur	nn 1 is les	s than th	e entry in colui	mn 2. י	write "0" in col	umn 3.		+130=		OR	+260=	
**	f the "Highest Nur f the "Highest Nur The "Highest Num	nber Previ nber Previ	ously Pa ously Pa	id For" IN THIS lid For" IN THIS	S SPA	CE is less that CE is less tha	n 20, enter "20." n 3, enter "3."	AL	TOTAL DOTAL	ropriate box		TOTAL ADDIT. FEE	

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

		CLAIMS AS	S FILED - PART I		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THA	
TOTAL CLAIMS			(3)		, , , , , , ,		Γ	RATE	FEE	[RATE	FEE
FOR			NUMBER I	FILED	NUMBER EXTRA		ŀ	BASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	t - minus 20=		* *			X\$ 9=		OR	X\$18=	
IN€D	EPENDENT CL	AIMS	- minus 3 =		*			X42=		OR	X84=	
ΜU	LTIPLE DEPEN	DENT CLAIM P	PRESENT					+140=	·	OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0"			in column 2		TOTAL		OR	TOTAL	
Á	B ci	LAIMS AS A	MENDED	- PAR (Colui				SMALL ENTITY		OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA		RATE	ADDI- TIONAL _FEE		RATE	ADDI- TIONAL FEE
NDM	Total	. 7	Minus	·** d	10	=		X\$ 9=		OR	X\$18=	
ME	Independent	* /	Minus	***	3	=		_X42=		OR	★ 84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM	· \		+140=		OR	+280=	
			,				<u>-</u>	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)			<u> </u>			
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR ~	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	TCLAIM		! †	+140=	****	OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	_			_	= = ==	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO N	Total	* 8	Minus	** 2	0	=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	<u>ろ</u>	= .		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEÑ	II CLAIM		¹	+140=		OR	+280=	
	If the entry in colu	mn 1 is less than t	the entry in colu	ımn 2, writ	te "0" in co	olumn 3.	. L	TOTAL		OR	TOTAL	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 9/ 453158

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	<u>X</u>	Fee	Fee -	Total
r	Sm./Lg.				Sm. Entity	Lg. Entiry	
Back Filing Fee	201/101					760 -	260
Total Claims >20	203 103	8	-20 -	X			
Independent Claums >3	202:102		.) -	X			
Mult Dep Claim Present	204/104						
Surcharge	205/105	•				130.	130
English Translation	110						
TOTAL FEE CALCULA	ATION						850
Fees due upon filing t	he application.						
Total Filing Fees Due	= 5		890. D	_	,		
Less Filing Fees Subm	uitted - \$			- -			
BALANCE DUE	= \$		890 N	_			
Office of Initial Patent	n Artes Examination					·ø	

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